



AMENDMENT TRANSMITTAL LETTER				CLIENT-MATTER NO.:
				66765-069 (P-UW 3570)
SERIAL NO: 09/323,738	FILING DATE: June 1, 1999	EXAMINER: G. Ewoldt	GROUP ART UNIT: 1644 CONFIRMATION NO.: 9582	
INVENTION: COMPOSITIONS AND METHODS FOR TREATING DIABETES				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop RCE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2003.

By: 
David A. Gay, Reg. No. 39,200

July 1, 2003
Date of Signature

Transmitted herewith is a Supplemental Response in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Appendix A.
- Request for Continued Examination (in duplicate).
- Exhibit A is Declaration Pursuant to 37 C.F.R. §1.132 executed by Dr. Robert E. Ferrel with Exhibits 1 and 2.
- Exhibit B is McClain et al., Diabetes 45:1003-1009 (1996).
- Exhibit C is SWISS-PROT entry P43577.
- Exhibit D is SWISS-PROT entry P38628.
- Exhibit E is SWISS-PROT entry P43123.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	40	-	40	-	x \$9	\$18	- \$
INDEPENDENT CLAIMS	4	-	4	-	x \$42	\$84	- \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	NO	\$140	\$280	- \$	\$
				TOTAL ADDITIONAL FEE		\$	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

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- Please charge my Deposit Account No. 502624 the amount of \$1,360.00, \$985.00 of which covers the fee for a five-month extension of time and \$375.00 which covers the Request for Continuation Examination fee. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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